

**State of Minnesota****District Court**

County

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

☐ In Re the Marriage of:\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent\_\_\_\_\_  
Intervenor**Notice of Motion and Motion  
To Modify Medical Support ONLY****Notice****TO: Other Party:**\_\_\_\_\_  
First\_\_\_\_\_  
Middle\_\_\_\_\_  
Last\_\_\_\_\_  
Street Address\_\_\_\_\_  
Apt. No.\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip**County Attorney's Office:**\_\_\_\_\_  
Name of County Attorney\_\_\_\_\_  
Street Address\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip

PLEASE TAKE NOTICE that the undersigned will bring a motion before the Honorable \_\_\_\_\_, on \_\_\_\_\_

(Name of Child Support Magistrate, Judge or Referee)

(Date: Month, Day, Year)

at \_\_\_\_\_ o'clock \_\_\_\_\_ at the \_\_\_\_\_ County Courthouse

(Time)

(a.m./p.m.)

(Name of building where hearing to be held)

or Government Center located at \_\_\_\_\_ in the city of \_\_\_\_\_

(Street address where hearing to be held)

\_\_\_\_\_  
Minnesota, (check the public calendar at the hearing location for \_\_\_\_\_

(City where hearing to be held)

the room number), and will ask the court to modify the current support order as requested in the following motion.

## Motion

**NOTE:** This motion form can only be used if your current support order was created less than three years ago. If your current order is from more than three years ago or if medical support was reserved in the current order, then you must use the Motion to Modify Child Support forms instead.

I request that the court modify the support order dated \_\_\_\_\_  
(Date of current support order)

by ordering the following (*check all that apply*):

- ☐ Requiring the other parent to provide medical and/or dental insurance coverage for the joint child(ren) due to a change in the availability of coverage or a change in eligibility for medical assistance.
- ☐ Requiring me to provide medical and/or dental insurance coverage for the joint child(ren) due to a change in the availability of coverage or a change in eligibility for medical assistance.
- ☐ Changing the amount the other parent pays toward the coverage I carry for the joint child(ren) due to a substantial change in the cost of the coverage.
- ☐ Changing the amount I pay to the other parent who provides the coverage for the joint child(ren) due to a substantial change in the cost of the coverage.
- ☐ Changing which party is ordered to provide medical and/or dental coverage because the party ordered to provide coverage has not done so.
- ☐ Changing or Awarding the tax dependency exemption for the joint child(ren) to the parent ordered to carry medical and/or dental insurance coverage

**NOTE:** If you want the court to change the percentage share of the cost of coverage or the percentage share of the out of pocket medical expenses (for example - deductibles and co-pays) DO NOT use this form. Use Motion to Modify Child Support Form packet instead.

The facts upon which I base my request are set forth in the attached Affidavit in Support of Motion to Modify Medical Support Only.

### Notice of Rights to Other Party

- You have a right to a hearing, if a hearing is not already scheduled.
- You have the right to object or respond to the changes I am requesting.
- If you decide to respond or object to this motion, a packet entitled “Response to Motion to Modify Medical Support Only” is available on the court website at [www.mncourts.gov/forms](http://www.mncourts.gov/forms) under the “Child Support” Category or from court administration.
- If you choose to respond, a written response or counter motion, along with your supporting documents, must be served upon all parties **at least 14 days before any scheduled hearing**. A counter motion is where you can raise **new** child support issues, in addition to responding

to the issues in this motion.

- You must file your written response or counter motion, and supporting documents **at least 5 days before any scheduled hearing.**
- The court may, in its discretion, choose not to consider any documents you file with the court if they are not filed on time.

### Settlement

This matter may be settled without a court hearing if all parties, including the county attorney, reach an agreement. To discuss a possible settlement, contact the following person at the phone number listed: \_\_\_\_\_ at

(\_\_\_\_\_) \_\_\_\_\_  
(Name of person filing Motion )  
(Phone number of person filing motion)

### Acknowledgment by Party Making Motion:

- I am not serving or filing this document for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation.
- The claims, defenses, and other legal contentions therein are warranted by existing law or by a nonfrivolous argument for the extension, modification, or reversal of existing law or the establishment of new law.
- The allegations and other factual contentions have evidentiary support or, if specifically so identified, are likely to have evidentiary support after a reasonable opportunity for further investigation or discovery.
- The denials of factual contentions are warranted on the evidence or, if specifically so identified, are reasonably based on a lack of information or belief.
- The court may impose an appropriate sanction upon the attorneys, law firms, or parties that violate the above stated representations to the court, or are responsible for the violation.
- I understand that the existing order remains in full force and effect and I must continue to comply with that order until a new order is issued.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Attorney for: \_\_\_\_\_